

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4552

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
JEFFREY WALTER
NICKNAME LAST SUFFIX
JEFF HILL

OFFICE USE ONLY

Date Received

Receipt #

HD / PM

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6814 COMANCHE TR.
AUSTIN TX 78732

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
JUDY ANN
NICKNAME LAST SUFFIX
JUDY HILL

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6814 COMANCHE TR. AUSTIN TX 78732

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 689-5045

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

1 / 4 / 00 THROUGH 2 / 14 / 00

10 ELECTION

ELECTION DATE

Month Day Year

03 / 14 / 00

ELECTION TYPE

☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CONSTABLE PRECINCT 2 TRAVIS CO.

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure --

Name

Address / PO Box; Apt / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file #)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

•• This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE NAME
COMMITTEE TYPE

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report
is true and correct and includes all information required to be reported by
me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____,

19_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Print name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: <div style="text-align: center; font-size: 1.5em;">3</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">JEFFREY W. HILL</div>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.2em; font-family: cursive;">11/31/00</div>	5 Full name of contributor <div style="font-size: 1.2em; font-family: cursive;">Jed Hill</div> <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">246 E Marcum Dr. 116227</div>	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">50.00</div>	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date <div style="font-size: 1.2em; font-family: cursive;">11/31/00</div>	Full name of contributor <div style="font-size: 1.2em; font-family: cursive;">Neal Watt</div> <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">4300 Ciel Mountain Dr. Austin TX 78731</div>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">250.00</div>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME JEFFREY W. HILL				3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/16/00	5 Full name of contributor Brad Hill <input type="checkbox"/> out of state PAC		7 Amount of contribution (\$) \$50.	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 6814 Comanche Tr. Austin TX 78731					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 11/16/00	Full name of contributor Judy Hill <input type="checkbox"/> out of state PAC		Amount of contribution (\$) \$50.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6814 Comanche Tr. Austin TX 78732					
Principal occupation (Optional)			Employer (Optional)		
Date 11/24/00	Full name of contributor Jon Champeny <input type="checkbox"/> out of state PAC		Amount of contribution (\$) \$250.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1023 Challenge Austin TX 78734					
Principal occupation (Optional)			Employer (Optional)		
Date 11/24/00	Full name of contributor Jim self <input type="checkbox"/> out of state PAC		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 13110 Lakewood Dr. Austin TX 78732					
Principal occupation (Optional)			Employer (Optional)		
Date 11/24/00	Full name of contributor Ed Brown <input type="checkbox"/> out of state PAC		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 10331 E 21st PL JNNI					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1	
2 FILER NAME JEFFREY W HILL				3 ACCOUNT # (Ethics Commission files)	
4 Date 1/16/00	5 Full name of contributor Tom Keel <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$50.	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 808 Brooke Hollow dr. Austin TX 78734					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 1/16/00	Full name of contributor Terrena Keel Keel <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2 World of Kennel SQ # 140					
Principal occupation (Optional)			Employer (Optional)		
Date 1/16/00	Full name of contributor Patty Keel <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 808 Brooke Hollow Dr. Austin TX 78734					
Principal occupation (Optional)			Employer (Optional)		
Date 1/16/00	Full name of contributor Patrick O. Keel <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1603 Westover Rd. Austin TX 78703					
Principal occupation (Optional)			Employer (Optional)		
Date 1/16/00	Full name of contributor Angela Zillen <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 13909 CANEVIEW DR. Austin TX 78732					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1**2** FILER NAME**3** ACCOUNT # (Ethics Commission first)**4** TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date**6** Full name of pledgor☐ out of state PAC**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address: City: State: Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E

1

2 FILER NAME

Jeff Hill

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

Jeff Hill

☐ out of state PAC

9 Loan Amount (\$)

100.00

6 Is lender a financial institution?

Y

N

8 Lender address,

City,

State,

Zip Code

6814 Comanche

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☒ not applicable

15 Guarantor address,

City,

State,

Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address,

City,

State,

Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address,

City,

State,

Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Jeff Hill

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

7 Amount (\$)

1/29/00

Home Depot @ IH35N

6 Payee address: City: State: Zip Code

Check # 1001

18.91

8 Purpose of expenditure

sign material

9 -- Complete if direct expenditure to benefit C/OH --

Candidate: Officeholder: name

Office sought: held

Jeff Hill

constable precinct 2
Harris Co

Date

Payee name

Amount (\$)

1/31/00

Home Depot @ IH35N

Payee address: City: State: Zip Code

Check # 1002

60.40

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate: Officeholder: name

Office sought: held

Jeff Hill

constable precinct 2
Harris Co

Date

Payee name

Amount (\$)

2/4/00

Simply Monogram

Payee address: City: State: Zip Code

Dana Nelson - Arwener 512-282-3498
Check # 1003

106.25

Purpose of expenditure

sign/constable precinct 2

-- Complete if direct expenditure to benefit C/OH --

Candidate: Officeholder: name

Office sought: held

Jeff Hill

constable precinct 2
Harris Co

Date

Payee name

Amount (\$)

2/4/00

Home Depot

Payee address: City: State: Zip Code

Check # 1004

34.29

Purpose of expenditure

sign

-- Complete if direct expenditure to benefit C/OH --

Candidate: Officeholder: name

Office sought: held

Jeff Hill

constable precinct 2
Harris Co

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME <i>Jeff Hill</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/7/00</i>	5 Payee name <i>Banner Traylor</i> 6 Payee address: City: State: Zip Code <i>630 Canon Austin TX 78752</i> <i>check # 1005</i>	7 Amount (\$) <i>814.58</i>
8 Purpose of expenditure <i>negot</i> <i>Hill for constable</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <i>Jeff Hill</i> Office sought / held <i>constable precinct 2</i>
Date <i>2/7/00</i>	Payee name <i>Home Depot @ IH35N @ rd Johns</i> Payee address: City: State: Zip Code <i>check # 1006</i>	Amount (\$) <i>50.73</i>
Purpose of expenditure <i>negot maintenance material</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <i>constable precinct 2</i>
Date <i>2/7/00</i>	Payee name <i>Simplex Monogram</i> Payee address: City: State: Zip Code <i>check # 1007</i>	Amount (\$) <i>\$ 37.19</i>
Purpose of expenditure <i>stitch</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <i>Jeff Hill for constable</i>
Date <i>2/10/00</i>	Payee name <i>US Post Office</i> Payee address: City: State: Zip Code <i>check # 1008</i>	Amount (\$) <i>\$ 13.20</i>
Purpose of expenditure <i>stamps / mail donation envelopes</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <i>mail</i> Office sought / held <i>Jeff Hill constable</i>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

1

2 FILER NAME

Jeff Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/29/00

5 Payee name

Banner Graphics

6 Payee address;

City: State: Zip Code

630 Camin

Austin TX

758-5348

1540.93

7 Purpose of expenditure

Large 4x8 signs

8

Amount
(\$)

1540.93

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City: State: Zip Code

Purpose of expenditure

Amount
(\$)Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City: State: Zip Code

Purpose of expenditure

Amount
(\$)Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City: State: Zip Code

Purpose of expenditure

Amount
(\$)Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City: State: Zip Code

Purpose of expenditure

Amount
(\$)Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)

4 Date	5 Business name	7 Amount (\$)
6 Business address, City, State, Zip Code		
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate: Officerholder name Office sought/held
Date	Business name	Amount (\$)
Business address, City, State, Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate: Officerholder name Office sought/held
Date	Business name	Amount (\$)
Business address, City, State, Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate: Officerholder name Office sought/held
Date	Business name	Amount (\$)
Business address, City, State, Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate: Officerholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**8** Amount
(\$)**6** Payee address; City; State; Zip Code**7** Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address City State Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The C/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

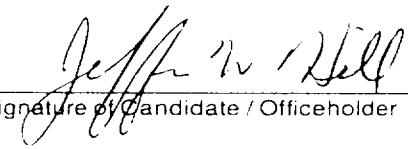
1 C/OH NAME

JEFFREY W. HILL

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are a candidate --**A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

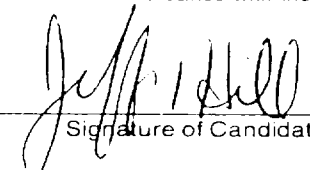
Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

The only thing I have purchased are signs, hats & stamps☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder